AMENDMENTS TO THE SPECIFICATION:

Please amend the specification as follows:

Please replace the paragraph on page 1, line 13 through page 2, line 3 of the specification with the following amended paragraph:

Commonly assigned U.S. Pat. No. 5,755,682 issued May 26, 1998 and commonly assigned and co-pending U.S. Patent Application Serial No. 08/882,397 filed June 25, 1997, entitled "Method and Apparatus for Performing Coronary Bypass Surgery", and filed in the name of inventors Mark B. Knudson and William L. Giese (published as PCT International Application Publication No. WO 98/06356), issued as U.S. Patent No. 5,944,019 on August 31, 1999, both teach an implant for defining a blood flow conduit directly from a chamber of the heart to a lumen of a coronary vessel. In one embodiment, an L-shaped implant is received within a lumen of a coronary artery and passed through the myocardium to extend into the left ventricle of the heart. The conduit is rigid and remains open for blood flow to pass through the conduit during both systole and diastole. The conduit penetrates into the left ventricle in order to prevent tissue growth and occlusions over an opening of the conduit. The '682 patent and '397 application also describe an embodiment where a portion of the implant passing through the heart wall is an open structural member lined by polyester (e.g., Dacron). A further embodiment discloses a portion of the implant in a coronary vessel as being an open cell, balloon-expandable stent.

Please replace the paragraph on page 2, lines 11-18 of the specification with the following amended paragraph:

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Commonly assigned and co-pending U.S. patent application Serial No. 08/944,313 filed October 6, 1997, entitled "Transmyocardial Implant", and filed in the name of inventors Katherine S. Tweden, Guy P. Vanney and Thomas L. Odland, issued as U.S. Patent No. 5,984,956 on November 16, 1999, teaches an implant such as that shown in the aforementioned '397 application and '682 patent with an enhanced fixation structure. The enhanced fixation structure includes a fabric surrounding at least a portion of the conduit to facilitate tissue growth on the exterior of the implant.

Please replace the paragraph on page 7, lines 15-19 of the specification with the following amended paragraph:

The open cell construction of the coronary and myocardial portions 12, 14 permit tissue growth through the open cells ~~12c, 14c~~ 12b, 14b following implant. The healing procedure in the coronary portion 12 is the same as that in coronary stents. Vascular endothelial cells grow over to coat the structural material 12a of portion 12.

Please replace the paragraph on page 7, lines 20-25 of the specification with the following amended paragraph:

In portion 14, myocardial tissue, if not obstructed, will grow through the cells [[14c]] 14b. Furthermore, the myocardium is highly thrombogenic. Therefore, uncontrolled contact between the myocardium 82 and the implant interior 20 can result in thrombosis of the implant 10. Further, it is believed that the epicardium (i.e., outer layer of the myocardium) has a greater density of myocardial growth cells which contribute to healing.

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Please replace the paragraph on page 8, lines 1-6 of the specification with the following amended paragraph:

To control growth in the myocardial portion 14, a liner 30 is provided in the myocardial portion 14. The liner 30 is any porous material for accepting tissue growth and, preferably, is a polyester fabric (e.g., Dacron). The porous liner 30 has ~~interstial~~ interstitial spaces smaller than the open cells 12c, 14c. The liner 30 is shown on an interior of the myocardial portion 14 but could also or alternatively surround the exterior.

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